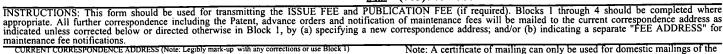
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents Alexandria, Virginia 22313-1450

(703)746-4000 <u>Fax</u>



SMALL ENTITY

APPLN. TYPE

06/03/2003

OLIFF & BERRIDGE, PLC P.O. BOX 19928 **ALEXANDRIA, VA 22320**



ISSUE FEE

\$1300

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

TOTAL FEE(S) DUE

\$1300

(Depositor's name) (Signature) (Date)

DATE DUE

09/03/2003

FIRST NAMED INVENTOR CONFIRMATION NO. FILING DATE ATTORNEY DOCKET NO. APPLICATION NO. Victor G Stimpson 110116 2332 09/889,305 07/16/2001

PUBLICATION FEE

\$0

TITLE OF INVENTION: OPTICAL MEASURING APPARATUS FOR MEASURING OBJECTS ON MACHINES

| nonprovisional | NO | \$1300 | • | \$0 | \$1300 | 09/03/2003 | |
|--|--------------------------------------|-----------|---|---|--|----------------------|--|
| EXAMINER | | ART UNIT | CLASS-SUBCL | ASS | | | |
| SOHN, SEUN | GC | 2878 | 250-55912 | 0 | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The ended indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | the names of up or agents OR, single firm (ha attorney or age | to 3 reg alternative ving as a ent) and to t attorney | ely, (2) the name of a member a registered the names of up to 2 characters. If no name | OLIFF & BERRIDGE PLC | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| RENISHAW PLC GLOUCESTERSHIRE, UNITED KINGDOM | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent) | | | | | | | |
| 4a. The following fee(s) are enclosed: | | | 4b. Payment of Fee(s): | | | | |
| Grissue ree | | | A check in the amount of the fee(s) is enclosed. check no. 145704 (\$1,300) | | | | |
| - Fublication ree | | | ☐ Payment by credit card. Form PTO-2038 is attached. | | | | |
| Advance Order - # of Copies Deposit Accou | | | | nmissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to ccount Number(enclose an extra copy of this form). | | | |
| Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. | | | | | | | |
| (Authorized Signature) | U | (Date) | | V 31 | '02/2003 ANADIE - 000 0 | 0175 03883302 | |
| Phillip D. Manci | ni, Reg. No | o. 46,/43 | 08-29-03 | 01 | FC:1501 | 1300.00 OP | |
| NOTE; The Issue Fee and P other than the applicant; a r interest as shown by the recor | e or other party in Coffice. | | DEPOSIT ACCOUNT | | | | |
| This collection of information is required by 37 CFR 1.311. The information obtain or retain a benefit by the public which is to file (and by the USPTC application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. restimated to take 12 minutes to complete, including gathering, preparing, and completed application form to the USPTO. Time will vary depending upon case. Any comments on the amount of time you require to complete the suggestions for reducing this burden, should be sent to the Chief Informatic Patent and Trademark Office, U.S. Department of Commerce, Alexa 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THE SEND TO: Commissioner for Patents. Alexandria Virginia 22313,1450. | | | ation is required to | | AUTHORIZATION | | |
| application. Confidentiality is | 4. This collection is | | Please grant any extens | sion | | | |
| completed application form to the USPTO. Time will vary depending up | | | upon the individual | | necessary for entry; Charge any fee due to | our | |
| case. Any comments on the amount of time you require to complet suggestions for reducing this burden, should be sent to the Chief Information | | | e this form and/or nation Officer, U.S. | | Deposit Account No. 15 | 5-0461 | |
| Patent and Trademark Off 22313-1450. DO NOT SEN SEND TO: Commissioner for | lexandria, Virginia THIS ADDRESS. | | | | | | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.